



Health Insurance for Long Term Stay

If you are insured with a legal health insurance then you are automatically sufficiently insured. However, if you have private health insurance, an individual case examination is required. Only in the cases of short periods of residence not exceeding 3 months is a travel health insurance, which covers also repatriation, medical emergency aid and hospital emergency room services sufficient for the entire Schengen area.

Persons who have either mandatory insurance as per Section 5 of Book V of the German Social Security Statute (SGB V), are voluntarily insured as per Section 9 SGB V, or jointly insured as family dependents as per Section 10 SGB V are deemed to have adequate health insurance coverage and required only to prove that they are appropriately registered under the statutory health insurance scheme. Persons who have either mandatory insurance as per Section 5 of Book V of the German Social Security Statute (SGB V), are voluntarily insured as per Section 9 SGB V, or jointly insured as family dependents as per Section 10 SGB V are deemed to have adequate health insurance coverage and required only to prove that they are appropriately registered under the statutory health insurance scheme.

All insured persons who are not registered with a German statutory insurance company must in all cases also prove that their policy provides adequate health insurance coverage. The health insurance coverage of such policies is deemed adequate if it corresponds in its nature and scope to that of the statutory health insurance scheme, i.e. that it specifically does not contain any large-scale exclusions of benefits, require high-percentage excess payments from the insured person, limit the costs reimbursed in any way in the event of illness, or contain any expiration or indemnity clauses with respect to the insured's age, the cessation of activity, changes in the purpose of residency, or loss of legal residency status.

Adequate insurance coverage. Insurance coverage will in all cases be considered to exist if the Bundesanstalt für Finanzdienstleistungsaufsicht confirms the relevant insurance policy fulfills the statutory requirements with regard to health insurance in accordance with Section 257(2) (a) SGB V, and the health insurer issues a statement to this effect. The Federal Supervisory Authority will not provide such confirmation if the insurance coverage is time-limited and not automatically extended, or if no surpluses are accrued for pension provisions, namely that the health insurer has not created the policy as a form of life assurance.

As part of the duty to cooperate according Section 82(1) AufenthaltG, applicants must submit a written statement from their health insurer that the existing insurance policy fulfils the statutory requirements in accordance with Section 257(2) (a) SGB V.

This evidence is required in order to prevent health insurance being terminated to save money and only taken up again to renew the residence title, with the consequence that the person has no health insurance protection in the intervening period. Additionally the information is required to ensure that you and your family member's means of substance are sufficient even after deducting the monthly charges for a private health insurance.

Incoming medical insurance or proof public / private insurance has to be provided at the time of visa approval.

If the applicant cannot provide evidence of continuous health insurance coverage, this justifies the suspicion that his livelihood is not sufficiently secured in this respect, and provides grounds for rejecting the application.

Disclaimer :Although the information in this leaflet has been prepared with utmost care, we cannot accept any responsibility for inaccuracies contained herein.